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ELECTION OFFICE

American Samoa Government P.O. Box 3970 Pago Pago, American Samoa 96799

February 25, 2005

SOLIAI T. FUMAONO Chief Election Officer

Phone: (684) 633-2522 Fax: (684) 633-7116

ORIGINAL

VIA: FAX No. (202) 566-3127 (Original by mail)

State HAVA Funding Report U.S. Election Assistance Commission 1225 New York Avenue, NW-Suite 1100 Washington DC, 20005

Dear Commission:

MON. TOGIOLA T.A. TULAFONO,

Governor

WONL AITOFELE T.F. SUNIA,

I.t. Governor

Transmitted is the Territory of American Samoa HAVA Funding Reports for Title I, Section 101 and Title II, Section 251 (FY2003 & 2004).

HAVA Funding from Title I, Section 101 was utilized for the improvement of Election administration in the Territory. A total of \$702,000 was expended in various programs during the 2004 General Election:

- 1. Outreach programs through TV, Radios, & Newspapers \$125,000
- 2. Training Election Officials & Poll Workers 100,000
- 3. Complying with requirements under Title III 302,000
- 4. Transportation inter-islands during Election 15,000
- 5. Improving accessibility to voting places 100,000
- 6. Improving communication, toll free phone, etc. 60,000

HAVA Funding for Title II, Section 251, remains unobligated at this time and a report will be transmitted when it becomes due.

Should you have any question, please call the undersigned at (684) 633-2522, or email: asgelect@samoatelco.com.

SOLIAIT FUIMAON Chief Election Officer

ORIGINAL

FINANCIAL STATUS REPORT (Short Form) (Follow instructions on the back)

1. Federal Agency and Organizational Elemento Which Report is Submitted State HAVA Funding Report U.S. Election Assistance Washington D.C 20005 3. Recipient Organization (Name and complete Election Office Territory of American Sam PO Box 3970	Assigned By Form HAVA, Tick Section Section Set address, including ZIP code	tle I 101	ber	OMB Appr No. 0348-00	39 '>	of 3 pages
Pago Pago, American Samoa 4. Employer Identification Number	96799 5. Recipient Account Number	or Identifying Number	6. Final Repo	\rt	7. Basis	
4. Employer rues rancation rumber	3. Necipiera Account Number	or identifying realiser				Accrual
Funding/Grant Period (See Instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by From: (Month, Day			nth, Day, Year)	
April 28, 2003	OPEN	07/01/2004			31/2004	
10. Transactions		l Previously Reported	II This Period		III Cumulativ	'e
a. Total outlays		64.449	696,000		760 449	
b. Recipient share of outlays		0				
c. Federal share of outlays		64_449	696,000		740 440	
d. Total unliquidated obligations		2,000	6,000		760,449 8,000	
e. Recipient share of unliquidated obligations		0	0		0	
f. Federal share of unliquidated obligations		2,000	6,000		8,000	
g. Total Federal share (Sum of lines c and f)		66,449	702,000		768.449	
h. Total Federal funds authorized for this funding period		1.000.000	933.551		1.000.000	
i. Unobligated balance of Federal fun	ds (Line h minus line g)	933.551	231.55			
a. Type of Rate (Place "X" i		12 <i>31,33</i>] Final		1931,551		
11. Indirect Provisions Expense b. Rate	c. Base	d. Total Amount	J Filiai	e. Feder	Fixed al Share	
None				<u> </u>		
12. Remarks: Attach any explanations deeme				******		
13. Certification: I certify to the best of my obligations are for the	knowledge and belief that th ourposes set forth in the awa		complete and	d that all ou	ıtlays and unliq	uidated
Typed or Printed Name and Title		Telephone (Area code, number and extension)				
SOLIAI T. FUIMAONO, CI	cer ((684)633-2522				
Signature of Authorized Certifying Official	E	Date Report Si	ubmitted			
gor XM20			February 25, 2005			